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REVOCATION OF POWER OF **ATTORNEY WITH** NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/592,029 Filing Date First Named Inventor JURGEN WAGNER **Art Unit Examiner Name** Attorney Docket Number | 1-17863

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 000068459 Please change the correspondence address for the above-identified application to: The address associated with **Customer Number:** 000068459 OR Firm or Individual Name **Address** Zip State City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. V Statement under 37 CFR 3.73(b) is enclosed. (form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Telephone Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algnature is required, see below.

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